



Suffolk County Department of Social Services
DOMESTIC VIOLENCE SCREENING FORM

Case Name _____ Category _____ Case Number _____

Worker _____ Center _____ Date _____

Instructions:

Answering these questions is voluntary. You do not have to fill out this form to receive Public Assistance. We are asking you these questions to determine:

- (1) if you are a victim of domestic violence
- (2) whether some public assistance requirements may place you or your children at greater risk of harm or make it more difficult to escape from abuse. In some cases we may be able to delay one or more of these requirements. We can also help you to get the services you need.

If you fill out this form, with the exception of child abuse and neglect, anything you disclose here about your relationship with your partner will be kept confidential. You may decide not to fill out this form but are free to do so at any time. However, if any of the following apply to you **AND** you are asking to delay any public assistance requirements, you must fill out this form. You may be required at a later time to sign a sworn statement confirming the truthfulness of the information you are providing.

Questions:

Are you currently in danger of your partner or ex-partner doing any of the following:

1. Physically hurting you by, for example, pushing, grabbing, slapping, hitting, choking or kicking?
2. Forcing you to have sex when you don't want to or do sexual things you don't want to do?
3. Threatening to hurt you, your children or someone close to you?
4. Constantly putting you down or telling you that you are worthless?
5. Stalking, checking up on you or following you?
6. Making you afraid?

_____ **Yes** (*You will be referred to a Domestic Violence Specialist and will be expected to provide more detailed information about your situation.*)

_____ **No** (*None of the above apply to me or I choose not to answer these questions at this time.*)

In signing this form I affirm that the information I have given or will give to the Department of Social Services is correct.

Signature _____ Date _____

Client referred for domestic violence assessment? ☐ Yes ☐ No

Examiner Signature _____ Date _____